

REQUISITION OR TURN-IN FOR ADMINISTRATIVE SUPPLIES AND EQUIPMENT				Page of Pages REQUISITION NO.		
DELIVER TO		EXTENSION	ROOM NO.	BUILDING	COST CENTER NO.	
PERSON TO CONTACT		EXTENSION	ROOM NO.	BUILDING	DIVISION AND BRANCH	
APPROVED BY (Signature)					DATE	
CERTIFICATION						
I CERTIFY that the quantities of items listed below have been received except as otherwise noted.						
DATE			SIGNATURE			
ITEM LISTING						
ITEM NO.	STOCK NO.	DESCRIPTION	QUAN- TITY	UNIT	UNIT PRICE	AMOUNT
TOTAL						
COMPLETE ONLY IF ABOVE ITEMS ARE TURN-INS						
PICKUP FROM (Person to contact)		EXTENSION	ROOM NO.	BUILDING		